How to file a petition for discrimination
(Labor Code section 132a)

This petition may be filed if your employer fired you or discriminated against you for filing a workers' compensation claim. This is called a Labor Code 132a petition.

Please note this petition must be filed within one year of the discriminatory act or date you were fired.

A 132a petition can only be filed if you have a pending Workers' Compensation Appeals Board (WCAB) case. To open a WCAB case, you must file an application for adjudication of claim (see I&A guide 4). When you are ready to have a WCAB hearing, you must also file a declaration of readiness to proceed (see I&A guide 5).

Employer discrimination can be very difficult to prove. Because of the technical nature of this petition, you may need legal advice.

A blank form you can use to write out your petition is attached. Also attached is a sample that may be used as a guide.

Your original papers should be mailed or brought to your local WCAB office. Copies must be sent to your employer. It is recommended you use proof of service (see attached).

Keep a copy for your records.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at www.dir.ca.gov/dwc.

DIVISION OF WORKERS' COMPENSATION
DISTRICT OFFICES

ANAHEIM, 92801-1162
1661 N. Raymond Ave., Suite 202
Information & Assistance Unit (**714) 738-4038**

BAKERSFIELD, 93301-1929
1800 30th Street, Suite 100
Information & Assistance Unit (**661) 395-2514**

EUREKA, 95501-0481
100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280
2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

GOLETA, 93117-3018
6755 Hollister Avenue, Suite 100
Information & Assistance Unit (**805) 968-4158**

GROVER BEACH, 93433-2261
1562 W. Grand Avenue
Information & Assistance Unit **(805) 481-3380**

LONG BEACH, 90802-4339
300 Oceangate Streets, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105
320 West 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, CA 90292
4720 Lincoln Blvd. 2nd floor
Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1402
1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030
2220 East Gonzales Road, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91766-1601
732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96001-2796
2115 Civic Center Drive, Suite 15
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337
3737 Main Street, Suite 300
Information & Assistance Unit (**951) 782-4347**

SACRAMENTO, 95825-2403
2424 Arden Way, Suite 230
Information & Assistance Unit (**916) 263-2741**

SALINAS, 93906-2204
1880 North Main Street, Suites 100 & 200
Information & Assistance   **(831) 443-3058**

SAN BERNARDINO, 92401-1411
464 West Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108
7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002
455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482
100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070
28 Civic Center Plaza, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA ROSA, 95404-4760
50 "D" Streets, Suite 420
Information & Assistance Unit (**707) 576-2452**

STOCKTON, 94202
31 East Channel Street, Suite 344
Information & Assistance Unit (**209) 948-7980**

VAN NUYS, 91401-3373
6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit   **(818) 901-5374**

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NAME   *your name*
STREET   *your address*
CITY, STATE, ZIP CODE

TELEPHONE #: *telephone number*

Sample

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

your name

  vs.   Applicant,

your employer

                                        Defendants.

WCAB#:   *Case Number*

Application for discrimination benefits pursuant to Labor Code Section 132(a).

Explain in your own words why you feel you are entitled to these benefits.

X *your signature*   *date mailed*

NAME
STREET
CITY, STATE, ZIP CODE

TELEPHONE #:

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Applicant,	WCAB#:
vs.	
	APPLICATION FOR DISCRIMINATION BENEFITS PURSUANT TO LABOR CODE SECTION 132(A)
Defendants.	

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of _Your county_____ California. I am

over the age of eighteen years, my (business/<u>residence</u>) address is:

 Put your home address

On ___*today's date*_____, I served the attached *132(a) Petition*_____ on the

 *your employer*_____ in said case, by placing a true copy thereof enclosed in a

sealed envelope with postage thereon fully paid, in the United State mail

at _*city where you mailed this*_____ addressed as follows _____

 your employer's name and address here

I declare under penalty of perjury under the laws of the State of California that the

foregoing is true and correct, and that this declaration was executed on

(date) _*Today's Date*_____, at _*City*_____ California.

Type or print name _*Type or print name*_____

Signature _____

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of _____ California. I am

over the age of eighteen years, my (business/<u>residence</u>) address is:

_____

_____

On _____, I served the attached _____ on the

_____ in said case, by placing a true copy thereof enclosed in a

sealed envelope with postage thereon fully paid, in the United States mail at

_____ addressed as follows _____

_____

_____

I declare under penalty of perjury under the laws of the State of California that the

foregoing is true and correct, and that this declaration was executed on

(date) _____, at _____ California.

Type or print name _____

Signature _____